



Massachusetts Department of Environmental Protection
Massachusetts Rideshare Regulation (310 CMR 7.16)
**Rideshare Program Update Report
Short Form**

Reporting Year: 20

DEP Use Only

Date Received

The Massachusetts Department of Environmental Protection (MassDEP) Rideshare Regulation, 310 CMR 7.16 (5), requires facilities to provide data annually on how their commuting population commutes to work. If you have any questions about completing this form or about your facility's filing status with the Massachusetts Rideshare Program, please call (617) 292-5663.

Important:
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



A. Facility Information

Facility Name

Facility Address 1

Facility Address 2

City

State

Zip Code

Phone Number

Fax Number

Mailing Address: ☐ Check here if same as Facility Address and skip to Contact Information.

Mailing Address: Street or P.O. Box

Mailing Address 2

City

State

Zip Code

Contact Information:

Contact Person Name

Contact Person Title

Phone Number

Extension

Email Address

B. Applicability & Instructions

Please provide the information required below. To determine the number of commuters and *applicable commuters** at your facility, count all commuters in every building located within one mile walking distance of your facility.

Total commuters at your facility:

Number

Total *applicable commuters** at your facility:

Number

**Applicable commuters* is defined on the next page.



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B. Applicability & Instructions (continued)

Definitions: Applicable Commuters, Employees & Students

Applicable Commuters:

- The number of *applicable employees* at your facility. For an educational institution, *applicable commuters* includes both *applicable employees* and *applicable students*.

Applicable Employees:

- Work 17 hours or more per week for 20 weeks or more per year.
- Begin and complete their workday between 6 a.m. and 8 p.m.
- Use their vehicle during work hours less than five times per month.

Applicable Students:

- Are full-time students and live off campus.
- Are scheduled to begin and complete their classes between 6 a.m. and 8 p.m.
- Need their vehicles for class assignments or after-school work less than five times per month.

Sections of This Form You Need to Complete

Check the appropriate box and follow the applicable instructions for completing this form.

Non-Educational Facility	Instructions
<input type="checkbox"/> 249 or fewer applicable commuters	Complete Sections A, B & D.
<input type="checkbox"/> MassDEP Air Operating Permit & 250 or more applicable commuters	Complete the entire form.
<input type="checkbox"/> No MassDEP Air Operating Permit & 250 to 999 applicable commuters	Complete Sections A, B & D or the entire form. Your facility will be phased in later.
<input type="checkbox"/> No MassDEP Air Operating Permit & 1,000 or more applicable commuters	Complete the entire form.

Educational Facility	Instructions
<input type="checkbox"/> 999 or fewer applicable commuters	Complete Sections A, B & D.
<input type="checkbox"/> 1,000 or more applicable commuters	Complete the entire form.

C. Compliance With the Rideshare Regulation

1. Your Facility's Drive-Alone Commute Trip (DACT) Reduction Incentives

All facilities subject to the Rideshare Regulation must offer the DACT reduction incentives **a**, **b**, and **c** in the Table on the next page. Additional incentives may also be required (see the questions that follow). On a separate attachment, describe how your facility implements, publicizes, and maintains each required incentive. For any required incentive not yet implemented, provide an implementation date within 30 days.



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C. Compliance With the Rideshare Regulation (continued)

Is your facility located within one mile of public transit?

☐ Yes* ☐ No *If Yes, your facility must *also* offer incentives **d**, **e** and **f**. (See Table below.)

Does your facility have 1,000 or more applicable employees?

☐ Yes* ☐ No *If Yes, your facility must *also* offer incentive **g**. (See Table below.)

2. Your Facility's Estimated DACT Reductions for this Reporting Year (Enter in Table below.)

For each DACT reduction incentive, estimate the *number of commuters that have changed from drive-alone commuting to taking another form of transportation* since your facility's last Rideshare Program Base or Update Report. On a separate attachment, describe how you estimated the reductions.

Reduced Number of Drive-Alone Commuters × Average # Days per Work Week = DACT Reductions

For this report, your facility is not required to collect commute data and may use commuter tracking records such as transit pass sales, preferential parking records, carpool and vanpool records, etc. to estimate the number of DACT reductions for the reporting year.

3. Your Facility's Total DACT Reductions Since Your Base Report (Enter in Table below.)

Current Year DACT Reductions + Previous Year DACT Reductions = Total Since Base Report

DACT Reduction Incentives	Facility Implements	Facility Publicizes	Facility Maintains	Reporting Year DACT Reductions	Previous Year DACT Reductions	Total Since Base Report
a. Conduct Carpool Matching	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	▶	+	=
b. Designate Preferential Parking	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
c. Establish Bicycling Incentive	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		+	=
d. Provide Transit Passes	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	▶		
e. Post Bus Schedules, Routes, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		+	=
f. Negotiate With Bus Providers	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
g. Conduct Vanpool Matching	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		+	=
h. Additional Incentive: Brief Description	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		+	=
i. Additional Incentive: Brief Description	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		+	=
Grand Total				=	Grand Total	=



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D. Certification Statement

"I certify that I have personally examined the foregoing and am familiar with the information contained in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment."

Printed Name of Applicant

Title

Signature of Applicant

Date Signed

Source of Signatory Authority

If a Corporation: ☐ President ☐ Secretary

☐ Treasurer ☐ Vice President*

☐ Representative of the above*

*If responsible for overall operation of the facility identified in this report.

If a Partnership: ☐ General Partner

If a Proprietorship: ☐ Sole Proprietor

Submit this form by **December 31** to:

**MassDEP Bureau of Waste Prevention
Rideshare Program
One Winter Street
Boston, Massachusetts 02108**

NOTE: If your facility was required to collect commuter data, submit your *Summary Commute Data* form along with a sample copy of your survey/direct count form.

Questions? Call the Massachusetts Rideshare Program at 617-292-5663.